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## STRATEGIES FOR ACTION

The strategies for the next four years subscribe to the general framework for program and service delivery for older adults drawn from the OAA, as amended, and from the Hawaii Revised Statutes, Chapter 349. The strategies are in compliance with the requirements of Section 305, 306, 307, 373, and 705 of the OAA, as amended.

### **Goals for 2004-2007:**

- Older adults make informed decisions through accurate information.
- Older adults are able to live independently in their homes for as long as possible.
- Family caregivers have supportive programs and services that address their needs to enable them to continue giving care.
- Older adults and family members are informed of elder rights and benefits.
- Public and private sectors and the community work together to address existing and emerging issues.

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## **Objectives for 2004-2007**

Issue: Information

Goal: Older adults make informed decisions through accurate information.

Outcome: Older adults report that the information received helped them to make informed decisions.

### *Information and Assistance (I&A)*

I&A is a major function of the area and state agencies. EOA and the AAA recognize the importance of having a universally and easily accessible integrated information system that enables older adults to make informed decisions. The information system must:

- Ensure that the growing information needs of older adults and their families are met
- Have the scope of information and knowledge which is comprehensive enabling one-stop shopping for older adults and their caregivers
- Have personnel who are skilled to meet requests for information, counseling, and advocacy for making informed decisions
- Maximize the use of technology to reach greater numbers in a cost effective manner.

Objectives: EOA and AAA will work together to enhance its information system to be responsive to the changing information needs of older adults and caregivers.

On an annual basis, 65 percent of older adults surveyed report I&A information they received helped them to make informed decisions.

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Issue:	Programs and Services
Goal:	Older adults are able to live independently in their homes for as long as possible.
Outcome:	Older adults report that supportive services enabled them to live independently in their homes for as long as possible.

### *Kupuna Care (KC)*

KC is a state funded long-term care program created to meet the needs of older adults who cannot live at home without adequate support from family and/or formal services. The program provides in-home and community-based services including adult day care, assisted transportation, attendant care, case management, chore services, homemaker services, home-delivered meals, and personal care. KC targets older individuals who have difficulty performing two or more functions of daily living or instrumental activities of daily living. To be eligible, an individual must be a U.S. Citizen or legal alien, 60 years of age or older, not covered by any comparable government or private home- and community-based care services, and not residing in an institution.

Objectives: On an annual basis, 80 percent of home and community based (KC) clients surveyed will agree that their needs are being met.

On an annual basis, 50 percent of home and community based (KC) clients will remain at home at least three months.

### *Title III-B Supportive Services*

Title III-B of the OAA provides for supportive services which include access, in-home and community based services. Priority is given to older individuals who are in greatest economic need, greatest social need, or are low income minority.

Refer to Appendix B (AAA Objectives) for a list of the objectives, by PSA.

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*Title III-C Congregate and Home-Delivered Meals*

Title III-C of the OAA authorizes nutrition services for persons age 60 and over, their spouses, and persons with disabilities under the age of 60 under certain conditions. Meals are provided in a congregate setting or at the place of residence if the individual is homebound.

Objective:      Annually, EOA and the AAA will work together to assess the nutrition program (congregate and home-delivered) for seniors.

Bi-annually, EOA and the AAA will engage in capacity building activities relating to the nutrition program.

By September 2007, EOA and AAA will work together to have viable outcome objectives for the nutrition program for seniors.

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Issue:	Services for Caregivers
Goal:	Family caregivers have supportive programs and services that address their needs to enable them to continue giving care.
Outcome:	Caregivers report that supportive services and programs helped them to meet daily demands.
	Caregivers report that caregiver supportive services and programs helped them to continue giving care.

#### *National Family Caregiver Support Program (NFCSP)*

OAA, as amended in 2000, created the NFCSP. The program is intended to offer multifaceted systems of support services for family caregivers, and for grandparents or older individuals who are relative caregivers. Services include information, assistance, individual counseling, support groups and caregiver training, respite care, and supplemental services.

#### *Initiatives*

Under the planning framework of the *Long Term Care Plan for Hawaii's Older Adults (1988)*, EOA gave significant attention to caregiver education and training across the state. Over the past decade, EOA offered *Long Term Care: Let's Take Charge!*, a multimodal educational program, including a 13-part television series, a caregivers manual *LTC: Let's Take Charge --A Guide for People Who Care*, and community trainings for family caregivers.

As a result of the OAA, as amended in 2000, EOA initiated in 2001, planning activities to establish a caregiver program in Hawaii. EOA conducted a needs assessment of caregivers by implementing focus groups and a statewide survey. EOA contracted a coordinator to design and develop statewide activities and create the *Caregivers Resource Initiative* project. The project's goals are to assist and enhance caregiver support efforts at state and local levels through partnership and collaboration with various stakeholders to develop caregiver resources, increase access to information, and increase support for caregivers. The project is currently being extended and expanded to better serve and support family caregivers by: 1) expanding the

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Hawaii Family Caregivers Network and quarterly newsletter; 2) developing a family caregivers website, caregivers kit, and caregivers' story database; 3) researching and analyzing federal and other state' legislative efforts affecting family caregivers; 4) educating policy makers and the general public about family caregiver issues; and 5) developing miscellaneous supportive efforts for family caregivers, such as "And Thou Shalt Honor" Panel Discussion and the Governors proclamation.

Concurrently, EOA asked each AAA to develop their local plans to provide multifaceted systems of support services. EOA provided the AAA flexibility in developing their plan, to be responsive to local characteristics and needs.

In 2002, the governor and mayors of all four counties recognized family caregivers by proclaiming the year as "The Year of the Family Caregiver".

Incremental approaches have been taken over the years to support family caregivers. Hawaii, however, does not have, currently, a comprehensive caregiver support program in place. The NFCSP provides Hawaii an opportunity to build its long term care system to include family caregiver support program.

Objectives: By September 2007, EOA and AAA will have a plan to integrate the NFCSP into the existing long term care services infrastructure, including the system funded under the auspices of the OAA.

The approach will take into account issues including but not limited to: accessibility (to caregiver services), flexibility (to the AAA to encourage the development of divergent community needs), principles and beliefs relating to consumer direction, cultural competence and appropriateness, and integration into the broader and existing HCBS system.

AAA objectives are shown in Appendix B. The AAA across the state have agreed to meet the following objectives:

By 2005, at least 50 percent of caregivers will express that caregiver services increased the amount of time for them to tend to their own daily activities.

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By 2005, at least 50 percent of caregivers report that supportive services and programs helped them to continue giving care.

Appendix C provides a review of how the NFCSP will be implemented in the State, by counties, including the categories of services that will be provided, funding allocated to service categories, and the projected number of caregivers who will benefit from the services.

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## Elder Rights and Benefits

- Issue: Elder rights and benefits
- Goal: Older adults and family members are informed of elders rights and benefits.
- Outcome: Older adults and their family members have access to information, assistance, and education regarding elder rights and benefits.
- Older adults report that information regarding elder rights and benefits helped them to make informed decisions.

### *Legal Assistance*

Legal assistance service is targeted to older adults in greatest economic need, social need, and low-income minorities. Hawaii's Legal Service Developer assures that older adults have access to legal advice, counsel, and provide technical support to the attorney programs through the organization of activities involving elder rights.

- Objectives: By 2007, at least 85 percent of the older adults who requested information about legal advice, counseling, and representation were linked to legal resources.

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### *Preventing Elder Abuse and Neglect*

Abuse of elders is a growing concern due to the fact that it is often an unreported crime. Elder abuse is defined as the mistreatment of older persons through physical, sexual or psychological violence, neglect, financial exploitation, or fraud. Educating the public about cognitive disability and undue influence and how these and other factors play a role in vulnerability of older persons, may promote greater vigilance on the part of the community, and help to deter or prevent abuse in domestic settings.

In Hawaii, older adults represent the fastest growing segment of our population. With the increasing numbers of older adults, the shift towards community-based care, and changes in the family structure, increasing numbers of frail elders will become vulnerable to abuse and neglect. The current initiative is to educate the public about elder abuse, serve to alert people that abuse is a widespread problem that can be addressed, and that help is available.

#### *Systems Approach:*

Goal:           The Aging Network has in place by 2007 a systemic approach to elder abuse that addresses the prevention, identification of, and intervention in abuse situations affecting older adults.

#### *Project REACH:*

Initiated in 2001, the project seeks to work with other older adults before they become the victims of abuse and neglect and serve those who may be victims, take action and prevent recurrence. Needy elders and their families are given support, training and counseling.

Objectives:    By September 2004, develop a multi-year plan for developing and implementing ongoing, collaborative and creative community awareness opportunities.

By September 2005, network with State and local programs and services described in the OAA, Chapter 3 section 721(d) to identify gaps in the system and improve responses to elder abuse and

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neglect, and to develop plans/strategies and a timeframe to closing gaps in the response system.

By December 2006, provide sentinel training sessions to aging services professionals, criminal justice and law enforcement officers, and volunteers serving older adults.

*These sentinel training sessions will be continued to conduct education and outreach for prevention of elder abuse neglect and exploitation in the community.*

By January 2007, evaluate implemented plans for community awareness and for strategies to close gaps in the response system; and develop new goals and objectives to enhance the comprehensive and coordinated response system against elder abuse and neglect.

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### *Sage Plus Program*

The SAGE PLUS Program is a federally funded, state-sponsored program that is designed to give unbiased health insurance information counseling and assistance to people with Medicare at no cost to the individual. SAGE PLUS stands for, “SAGE,” someone who is wise and “PLUS,” is an acronym for (People Learning about and Understanding the System). One of the missions of the SAGE PLUS Program is to provide unbiased information to Medicare beneficiaries in the community regarding Medicare, Medigap, Medicaid, Medicare+ Choice, Long Term Care Insurance and community resources to supplement your health insurance. A unique aspect of the SAGE PLUS Program is that it uses peer volunteers from the community. Trained SAGE PLUS volunteer counselors offer information over the telephone via the SAGE PLUS hotline which has a toll free number, through person to person counseling with clients and outreach presentations to community organizations, senior citizen clubs, pre-retiree and other interested groups and also participate in health and senior fairs. SAGE PLUS volunteer counselors are located here on Kaua’i as well as on Oahu, Mau’i and in Hilo and Kona on the Big Island

Goal: Older adults, family members, caregivers, and pre-retirees, will become better health care consumers by receiving information about their rights and benefits to supplemental health insurance and the Medicare/Medicaid systems.

Outcome:

Short term: Through community partners, coalitions and the SAGE PLUS program and their collaborative efforts, older adults, family members, caregivers and pre-retirees will have access to information regarding health insurance.

Long term: Older adults, family members, caregivers and pre-retirees who request information will report that the information given assisted them in making an informed decision regarding their health care insurance issues.

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Objectives: By June 2004, 80% of the people attending SAGE PLUS presentations will complete an evaluation and state that they have increased knowledge regarding the subject of the presentation.\*

Through individual counseling and calls to the SAGE PLUS hotline at least 90% of the requests for information regarding health insurance will have their questions/concerns addressed and will state that the information given assisted them in making an informed decision.

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\*Program continuation after 2004 is pending renewed Federal funding.

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### *SageWatch Program*

SageWatch is a volunteer-based program, funded by the federal government, to combat health care fraud by means of a community-wide education strategy. Its purposes are to inform and educate Medicare beneficiaries to detect and/or prevent cases of abuse, fraud, and waste in the Medicare and Medicaid systems, and reduce the amount of monies lost to fraud and abuse.

SageWatch engages communities/consumer groups, providers, Medicare contractors, and government agencies to work together.

Goal: Older adults, family members, caregivers, and pre-retirees, become better health care consumers by receiving information about preventing fraud, waste, and abuse in the Medicare/Medicaid systems.

Outcome: Older adults, family members, caregivers, and pre-retirees, report possible cases of Medicare/Medicaid fraud, waste, and abuse.

Objectives: By June 2004, at least 80% of persons attending SageWatch presentations will complete an evaluation and show a knowledge gain as a result of the presentation.\*

100% of calls received by the SageWatch program will be responded to and referred to the appropriate program or agency for follow-up.\*

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\*Program continuation after 2004 is pending renewed Federal funding.

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### *Long Term Care Ombudsman (LTCO)*

LTCO counsels, advocates and responds to complaints and problems on behalf of residents of nursing homes, adult residential care homes, and other licensed long term care (LTC) facilities. The LTCO works with various organizations and residents to improve the quality of a LTC resident's life by providing information, referrals, and consultation to families, service providers, and the general public; with licensing, certification, and other enforcement agencies to improve quality of care in the LTC facilities; and protects the rights of residents in LTC facilities.

Objectives: On an annual basis, the LTCO will respond to complaints related to long term care facility residents within 72 hours.

On an annual basis, 80 percent of participants attending the public/community LTCO educational sessions will indicate an increased understanding of *Resident's Rights in Long Term Care*.

On an annual basis, 80 percent of participants attending *Nursing Home Family Councils'* educational sessions will indicate an increased understanding of *Resident's Rights in Long Term Care*.

### *Long Term Care Ombudsman Volunteer Program (LTCOV)*

The purpose of the LTCOV is to assist the Office of the LTCO in meeting the requirements stated in the OAA, as amended. Each state is to "establish and operate an Office of the State LTCO" (Section 712, OAA, amended). The OAA also authorizes the Office of the LTCO to utilize volunteers to provide services to residents in long term care settings, for the purposes of protecting their "health, safety, welfare and rights". Volunteers in the Hawaii LTCO Program are designated as representatives under Sec. 712 (a)(5)(C) and "shall have demonstrated capability to carry out the responsibilities of the Office". Volunteers must be free of conflict of interests as stated in the OAA and "meet such additional requirements as the Ombudsman may specify" as described in the policies and procedures of the program.

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Hawaii currently has one State LTCO and one assistant. One responsibility under the OAA is to “ensure that residents have regular and timely access to services provided through the Office” (Sec. 712-D). Hawaii has over 8,000 residents living in licensed long term care settings. This includes 47 nursing homes, five assisted living facilities, 542 Adult Residential care Homes (ARCH) and 137 Expanded ARCHs.

Outcomes:

Short term: Residents in licensed long term care settings and/or their representatives will have access to services provided by the State Long Term Care Ombudsman Office through visits with certified volunteers.

Long term: Residents and/or their representatives from all counties of Hawaii who live in licensed long term care settings will report that they had access to services provided by representatives (Certified Volunteers) of the State Long Term Care Office.

Objectives: On an annual basis the volunteer program will provide a total of six training sessions to certify volunteers to visit residents in licensed long term care settings.

Certified volunteers will be trained and educated to identify, and assist in resolving complaints that are made by, or on behalf of, residents and to provide services that protect their health, safety, welfare and their rights.

On an annual basis certified volunteers provide face/face visits to 80% of the residents in licensed long term care settings.

*Certified volunteers act as representatives of the LTCOP to ensure that residents have regular and timely access to services provided through the Office and assist in responding to complaints related to long term care facilities by following all policies and procedures of the program and the OAA, as amended in 2000.*

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By June 2004, the LTCOVP will collaborate with all county AAAs for the purpose of establishing efforts to reach residents and or their representatives in licensed long term care settings in those counties.

*The LTCOVP will comply with the OAA by developing policies and procedures that include and provide for participation and comment by the agencies.*

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## Partnerships to Addressing Issues

Goal: Public and private sectors and the community work together to address existing and emerging issues.

Outcome: Public and private sectors and the community work together and are able to organize, assess, plan and implement strategies to address issues.

Partners report that the partnership/collaboration was successful in addressing the issue.

### *Long and Healthful Life*

EOA, the four AAA, the Department of Health, and private and public sector organizations are joining forces to conduct a community health initiative to address health disparities among Hawaii's older adults. This initiative is aimed at improving health and focuses on minority older adults with particular emphasis on Native Hawaiians and older individuals residing in rural areas. It will incorporate multimodal approach including a broad-based community process for sustained implementation.

Objective: By September 2007, EOA, AAA, the Hawaii Department of Health and public and private sectors will work together to systematically design, conduct, and evaluate a community health initiative to address distinct health disparities among older adults.

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## STRATEGIES FOR ACTION

### Targeting Services – The Next Four Years

#### I. Methods for Assuring Service Preference to Older Individuals with the Greatest Economic Need and Older Individuals with Greatest Social Need

Declaration of Compliance: With respect to older individuals with the greatest economic needs and older individuals with the greatest social needs, EOA, the State Agency for Hawaii, through all designated AAA, will conduct the Title III program under the OAA, as amended, in such a manner as to ensure that this target group will be given service preference.

Methods: Methods used for giving preference to this targeted population includes the following:

- The State's intrastate funding formula for allocating Title III funds includes factors and appropriate weights which reflect the proportion among the planning and service areas of targeted older populations.
- Each area plan submitted by an AAA for approval by the State agency, provided assurances that the AAA will set specific objectives for providing services to older individuals with greatest economic need and older individuals with greatest social need, including specific objectives for providing services to low-income minority individuals, and including proposed methods of carrying out the preferences in the area plan.
- Each agreement made with a provider of any service under this title includes a requirement that such provider will: specify how the provider intends to satisfy the service needs of low-income minority individuals and older individuals residing in rural areas in the area served by the provider; to the maximum extent feasible, provide services to low income minority individuals and older individuals residing in rural areas in accordance with their need for such services; and meet specific objectives established by the AAA for providing services to low income minority individuals and older individuals residing in rural areas within the planning and service area.

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- Each AAA developed and published methods by which priority of services is determined. Such methods included factors that affirmatively provide service preference to meeting service needs of individuals with greatest economic need and individuals with greatest social needs.
  - EOA's minority issue coordinator will continue to work closely with AAA minority issues coordinators in targeting services and monitoring the AAA activities.

## II. Methods For Assuring Service Preference to Low Income Minority Older Individuals

Declaration of Compliance: With respect to low-income minority older individuals service needs, the EOA, through all designated AAA, will conduct the Title III program under the OAA, as amended, in such a manner as to ensure that this target group will be met.

### Methods:

- The AAA developed specific objectives for providing services to low-income minority individuals and included proposed methods of carrying these out in the area plan.
- The AAA developed and published methods by which priority services are determined. Such methods included factors which affirmatively provide service preference to meeting service needs of individuals with greatest economic need, individuals with greatest social need, low-income minority, and older individuals residing in rural areas.
- The State's intrastate funding formula used to distribute Title III funds included a low-income minority factor.

## III. Methods for Assuring Service Preference to Older Individuals residing in Rural Areas

Declaration of Compliance: With respect to older individuals residing in rural areas, the EOA, the State Agency for the State of Hawaii, through all designated AAA, will conduct the Title III program under the OAA, as amended, in such a manner so as to ensure that outreach efforts will put special emphasis on the target group identified in Sec 306(a)(4)(B)(i)(I-VI).

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Methods:

- Each area plan submitted by the AAA for approval by the State agency provided assurances that outreach efforts will identify individuals eligible for assistance including older individuals residing in rural areas.
- The State's intrastate funding formula for allocating Title III funds took into consideration the numbers of older individuals residing in rural areas.
- The State developed a program objective: By September 2007, EOA, AAA, the Hawaii DOH and public and private sectors will work together to systematically design, conduct, and evaluate a community health initiative to address distinct health disparities among older adults. This is aimed at improving health and focuses on minority older adults with particular emphasis on Native Hawaiians and older individuals residing in rural areas.

#### IV. Methods to Increase Access by Older Individuals Who Are Native Americans (Native Hawaiians, American Indians, Alaskan Natives)

Declaration of Compliance: With respect to Native American individuals service needs, the EOA, the State Unit on Aging for the State of Hawaii, through all designated AAA, will conduct the Title III programs under the Older Americans Act, as amended, in such a manner as to ensure that this target group will be met.

Methods:

- Each area plan submitted by an AAA for approval by the State agency, provide assurances that the AAA will pursue activities to increase access by older individuals who are Native Americans to all aging program and benefits provided by the agency, including programs and benefits under Title III, if applicable.
- The AAA will establish working relationships with other public and private agencies and organizations working on behalf of Native Americans toward gaining their assistance in identifying problems, and inform such agencies and organizations of their availability of service under area plans.

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- The State has and will continue to target underserved minority elder populations by providing multilingual access to information, via the use of multimedia approaches.
  - The State's intrastate funding formula for allocating Title III funds included factors and appropriate weights that reflect the proportion among the planning and services areas of Native Americans.
  - The State developed a program objective: By September 2007, EOA, AAA, the Hawaii DOH and public and private sectors will work together to systematically design, conduct, and evaluate a community health initiative to address distinct health disparities among older adults. This is aimed at improving health and focuses on minority older adults with particular emphasis on Native Hawaiians and older individuals residing in rural areas.

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## **Targeting Services**

### **The Previous Year, 2002**

#### **I. Methods Used to Serve Low-Income Minority Individuals**

According to the Bureau of Census 2000, in 1999, over 15,000 persons 60 years of age and older were in poverty. There were 11,683 individuals 65 and older who were in poverty and an estimated 3,330 persons between the ages of 60-64 years in poverty. The Hawaii State Plan on Aging (2000-2003) indicated that minority older adults who were below low-income level was 11.1 percent.

#### **Methods Used:**

The following methods were used to satisfy the service needs of low-income minority individuals.

- The State included in its uniform area plan format the criteria for determining funding priorities. One of the criteria was that low income minority older adults are targeted.
- The State included in its uniform area plan format instructions on including objectives relating to greatest economic needs, greatest social needs, including low income minority and older individuals residing in rural areas.
- The State included in its uniform area plan format targeting requirements to comply with statutory provisions.
- The State monitored and evaluated the AAAs previous year's targeting methods and outcomes.
- The State's intrastate funding formula for allocating Title III funds included factors and appropriate weights which reflected the proportion among the planning and service areas of low income minority.
- Each AAA provided assurances that it will include in each agreement made with providers of any service under this title, a requirement that such provider will specify how the provider intends to satisfy the service needs of low income minority individuals.
- EOA compiled, assessed and finalized its annual targeting report to the U.S. Administration on Aging.

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- Rurality and isolated areas were given special consideration in the intrastate funding formula in allocating Title III funds.